24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Keep the Promise PAC	C C00575415
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Five Points Consulting	Date of Public Distribution/Dissemination
Mailing Address 6173 Roaring Forks Dr	04 30 2016 Amount
City State Zip Code	3000.00
Norton Shores MI 49444-5979	Transaction ID : E2DDAD3126A0F42FA882 Date of Disbursement or Obligation
Purpose of Expenditure Digital Media Production/Placement Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	e Sought: House District: 00
Rafael Edward "Ted" Cruz Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For:
Full Name of Payee Ground Game Strategies	Date of Public Distribution/Dissemination
Mailing Address 300 Hickory Lane	04 30 2016 Amount
City State Zip Code	10519.90
Mauldin SC 29662-2238	Transaction ID : EC13C2CFB84184102A32 Date of Disbursement or Obligation
Purpose of Expenditure PAC Voter ID Program Category/ Type	04 / 26 / 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Rafael Edward "Ted" Cruz Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	13519.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
2 4.10	01 2016
Signature	